04695

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James Thomas DATE 5-19-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 705 E. TR on Bethesda Ch. Rd. TR on Cornelius Rd. TR into Pine Tree Rd. - House on R

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other (Basement Bathroom)

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area _____

Character & Porosity of Soil Red Sandy Loam

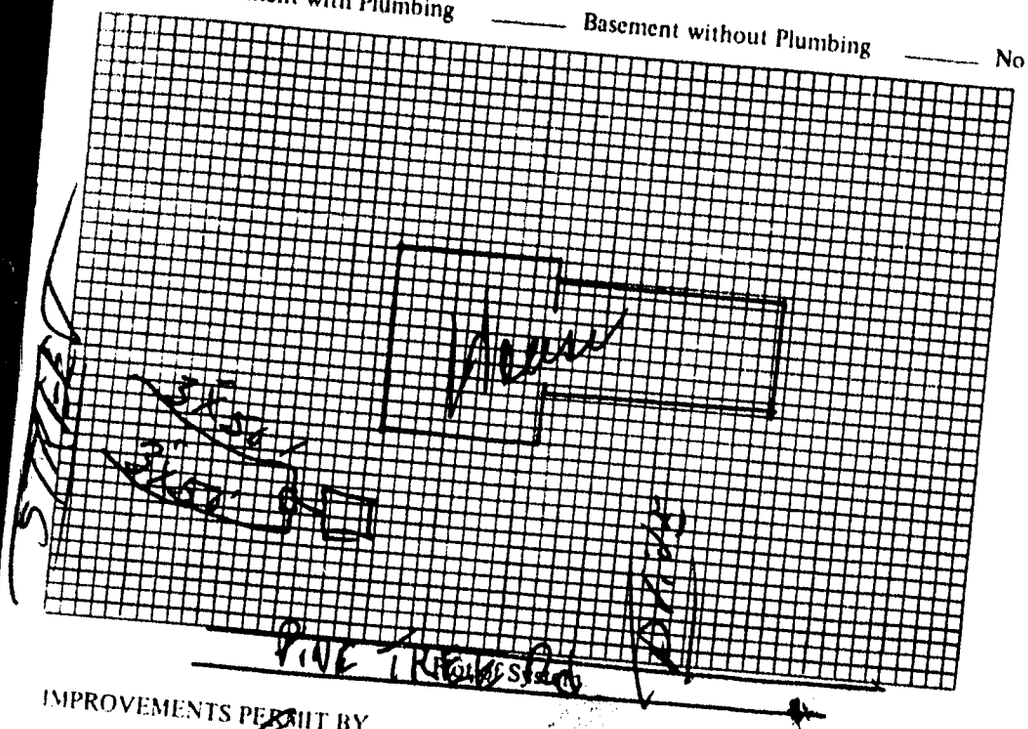
Percolation Rate 1 in 45 min

Topography Gently Rolling

Depth to Water Table 10'+

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 200 Linear Ft. 100

Depth of Stone in Lines 1 1/2

Water Supply: Individual (X)

Public ( )

Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Separate S.T. System for Upstairs Unit

CERTIFICATE OF COMPLETION BY _____ DATE 5/19/86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold